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PTO/SB/21 (09-06)  
Approved for use through 03/31/2007. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

Application Number

10/725,374

Filing Date

December 3, 2003

First Named Inventor

Ralph SCHNEIDER

Art Unit

3763

Examiner Name

Nicholas D. LUCCHESI

Attorney Docket Number

31698-2130

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return-receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Claims As Amended Worksheet
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<div>Remarks</div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Luce, Forward, Hamilton & Scripps LLP		
Signature	<i>Franco A. Serafini</i>		
Printed name	Franco A. Serafini		
Date	February 28, 2007	Reg. No.	52,207

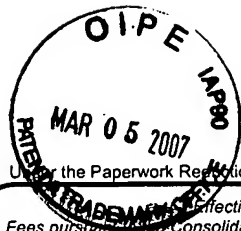
### CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Anna M. Skolnick</i>		
Typed or printed name	Anna M. Skolnick	Date	February 28, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 620.00

**Complete if Known**

Application Number	10/725,374
Filing Date	December 3, 2003
First Named Inventor	Ralph SCHNEIDER
Examiner Name	Nicholas D. LUCCHESI
Art Unit	3763
Attorney Docket No.	31698-2130

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-2298 Deposit Account Name: Luce, Forward, Hamilton & Scripps LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
30	- 20 or HP = 10	x 50 =	500.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x 0 =	0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for One-Month Extension of Time

120.00

**SUBMITTED BY**

Signature	<u>Franco A. Serafini</u>	Registration No. (Attorney/Agent) 52,207	Telephone 858.720.6300
Name (Print/Type)	Franco A. Serafini		Date February 28, 2007

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Case Docket No.: 36198-2130

In re application of: SCHNEIDER, Ralph et al. Appl. No.: 10/725,374  
Filed: December 3, 2003 Examiner: Nicholas D. LUCCHESI  
For: CATHETER


Mail Stop Amendment  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

**CLAIMS AS AMENDED**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30	minus	20	10	x \$25/50	\$500.00
INDEPENDENT CLAIMS	3	minus	3	0	x \$100/200	\$ 0.00
MULTIPLE DEPENDANT CLAIMS	<input type="checkbox"/>				\$ 180/360	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 500.00

- ☐ Check enclosed.
- ☒ Charge \$ 500.00 to Deposit Account No. 50-2298. Two copies of this sheet are enclosed.
- ☒ Please charge any additional fees in connection with the filing of this communication, or credit overpayment, to Deposit Account No. 50-2298.

  
\_\_\_\_\_  
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